

LEXIS SUBSCRIPTION FORM

Return this form to: Indiana Public Defender Council/LEXIS, 309 West Washington Street, Suite 401, Indianapolis, IN 46204 or FAX: 317-232-5524 or email to pdchelpdesk@pdc.in.gov
ID numbers cannot be issued to support staff or attorneys not engaged in public defender work. Call 317-232-2490 if you have questions.

CUSTOMER INFORMATION (Please type or print):

Name: _____ Attorney Number: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-mail address: _____

ACCOUNT TYPE:

_____ **Lexis for Public Defender Cases Only** (\$300/year, payable in full for the entire year, pro-rated at \$25/month if subscribing for the remainder of this calendar year)

_____ **Lexis for Both Public Defender and Private Cases** (\$720/year, payable for the entire year, pro-rated at \$60/month if subscribing for the remainder of this calendar year)

PAYMENT INFORMATION:

Check enclosed: _____ (payable to IPDC)

Credit Card Information:

Name on Card (if different from above): _____

Billing Address (if different from above): _____

Please circle: VISA or MASTERCARD

Card No.: _____ CV Code: _____

Expiration Date: _____

I hereby certify that I am a member of the Indiana Public Defender Council because:

_____ I am a salaried or contractual public defender in _____ County.

_____ I am regularly appointed to represent indigent defendants pursuant to a uniform system of periodic appointments in _____ County.

_____ I am on a list maintained by the Public Defender commission of attorneys qualified to be appointed in a capital cause under Criminal Rule 24 and am willing to accept such an appointment.

I will promptly notify the Indiana Public Defender Council should my position change:

Print name _____

Signature _____